STATE OF IOWA

Department of Administrative Services – Human Resources Enterprise

PREMIUM CONVERSION (PRE-TAX) PROGRAM

PLEASE PRINT

Name _____   **SS#** _____

Department _____   **Payroll #** _____

PREMIUM CONVERSION **ELECTION** - check (√) one:

_____   I elect to participate in the Pre-Tax Program. Monies deducted from my paychecks will be applied toward the portion of the health, dental, and life insurance programs I have selected on a nontaxable basis.

_____   I elect <u>not</u> to participate in the Pre-Tax Program.

CHANGE IN **FAMILY OR EMPLOYMENT STATUS**

I am electing to make a change in my participation in the Pre-Tax Program as a result of a change in family or employment status. I certify that the following "qualified change" occurred _____.
<div align="center">(date)</div>

THIS FORM MUST BE FILED WITHIN 30 CALENDAR DAYS FOLLOWING THE "EVENT."
Please check (√) the appropriate box(es).

☐ marriage   ☐ change in spouse's employment

☐ divorce   ☐ loss of dependent/s

☐ birth/adoption of a child   ☐ other (specify) _____

Based on my "qualified change," I elect [check (√) one]:

_____ **to** participate in the Pre-Tax Program.

_____ **not** to participate in the Pre-Tax Program.

EMPLOYEE AUTHORIZATION

I understand and agree to the following:

• I have received and considered the Pre-Tax Program enrollment materials.

• I may not change my Pre-Tax election unless I experience a "qualified change" in family or employment status, or it is in conjunction with an annual Pre-Tax Program open enrollment period.

• This agreement is not only subject to all the provisions outlined in the enrollment materials, but also will be subject to any changes in the terms or additional limitations mandated by federal law after the execution of this agreement.

If you elect not to participate in the Pre-Tax Program, your signature certifies only that you were made aware of the option to participate in the program. Upon completion, return this form to your personnel assistant.

_____   _____
Employee's Signature   Date

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